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To: Commissioner			
P.O. Box 1450			
Alexandria, VA	1 22313-1450		
Please withdraw me as attorney or agent for the above identified patent application, and			
All the attorneys/agents of record The attorneys/agents (with registration numbers) listed on the attached papers(s), or The attorneys/agents associated with Customer Number 44654 NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.			
The reasons for this request are:			
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Date	the when approved as the s	then received. I belong the same	Telephone No. 512-637-9226
NOTE: Withdrawal is effective when approved rather than received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			